Factors Associated With Persistent Efficacy of Abrocitinib Without Flare: A Multivariable Analysis of the JADE-REGIMEN Study

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**Background**
- Flare is a critical clinical endpoint in patients with severe AD.
- Previous studies have focused on various factors that contribute to risk of flare.

**Methods**
- **Randomization**: 1233 patients were randomized to abrocitinib 200 mg, abrocitinib 100 mg, or placebo in a 1:1:1 ratio.
- **Endpoints**: Proportion of patients who did not experience flare during the maintenance period were evaluated.

**Results**
- **Proportions of Patients Who Did Not Experience Protocol-Defined Flare During the Maintenance Period**: 77.5% in the abrocitinib 200-mg treatment arm, 39.6% in the abrocitinib 100-mg treatment arm, and 22.7% in the placebo treatment arm.

**Conclusion**
- **Maintaining Active Treatment Is the Primary Factor Associated With Not Experiencing Flare**
- Other factors associated with maintaining response to treatment without flare included no previous exposure to systemic agents, duration of AD, onset of response in induction (early vs late), EASI score at baseline, and %BSA.

**Data from Kaplan-Meier survival analysis for patients with an %BSA >50% at baseline was not included in the multivariable analysis (deemed at higher risk for flare) and was not included in the nomogram.

**Figure 1. Abrocitinib Treatment Was Associated With Lower Proportions of Patients Who Experienced Flare During the Maintenance Period of JADE REGIMEN**

**Figure 2. Nomogram for Predicting the Probability of Not Experiencing Flare**

**Figure 3. Multivariable analysis of JADE REGIMEN data indicated that maintenance treatment with abrocitinib reduced the risk of protocol-defined flare.**

**Figure 4. Factors Associated With Flare**

**Figure 5. Factors Associated With Persistent Efficacy of Abrocitinib Without Flare**

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**REFERENCES**

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